



## **LICENSE RENEWAL APPLICATION**

**FORM MUST BE FILLED OUT COMPLETELY  
PLEASE PRINT CLEARLY**

**Type of License - Please check all appropriate box(es):**

*Class I \$100* ☐ *Class II \$100* ☐  
*Class III \$100* ☐ *Commercial Garage \$50* ☐

**Name of Business as it will appear on your license:**

\_\_\_\_\_

**DBA** \_\_\_\_\_

**Address of Business:** \_\_\_\_\_

**Telephone Number of Business:** \_\_\_\_\_

### **Contact Information:**

**Owner/Manager (s) Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Home Number:** \_\_\_\_\_

\_\_\_\_\_  
**Owner/Manager Signature**

\_\_\_\_\_  
**Date**

Please return to the Select Board's Office at 108 Main Street, Carver MA 02330  
Telephone: 508-866-3401

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